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CASE WORK AND SOCIAL REFORM

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The case worker is authoritatively defined as one who plans different things for different people. The social reformer, considered as one concerned with movements rather than individuals, aims to secure an identical benefit for an entire group. The case worker fixes attention on the individual. The social reformer devotes his energies to the conditions of the community. In interests, immediate purpose, method, and even in spirit and philosophy, the two would seem to be far apart. Far apart they sometimes seem to each other. The social reformer accuses the case worker of blindness in attending exclusively to the immediate task ahead,—patching up his neighbor's affairs without changing the conditions which have caused his misfortunes. To the case worker, on the other hand, the social reformer seems sometimes to be a dreamer, thinking about a changed order and neglecting the people who now suffer from it, and who must be reckoned with in an effort to change it.

To the outsider these distinctions would probably seem to be a mere quibble, lacking in significance, or at best merely a portrayal of contrasts between two types who must together make up a world. To the social worker, however, it frequently becomes a practical question how most wisely to proportion the emphasis given to the mass movement and to the individual in trouble. In social work as a whole, if we may view as a whole so diverse and complicated a set of activities, a fruitful relationship between the two types of effort is a practical necessity. The case worker must be blind who can see no possibility of social and organized effort to change the conditions surrounding one individual after another whom he aims to help. The social reformer who does not draw his conclusions from the actual experience of individuals is in danger of being an unsafe guide in social action.

Granted, however, the necessity for a two-fold view of the individual and the mass if progress is to be made, practical questions

arise as to how this relationship can be achieved. The word "co-operation" is not enough. Its terms need analysis in connection with the concrete tasks which the social case worker, or a reformer of conditions, has set for himself. Two of these large tasks may serve as illustrations,—the public health movement and industrial reform. Certainly sickness and a low standard of living would be regarded as giving rise to a large proportion of the problems of the social worker.

Health, or the lack of it, has made necessary the care of the sick as individuals, institutions caring for groups, official departments to protect the community, educational campaigns to train individuals in the care of their own health, and bodies of laws establishing safeguards, or controlling conditions, such as quarantine regulations or sanitary codes. The social and economic effects of sickness have resulted in plans for health insurance, which marks a new phase of effort in the health movement. The health movement in its social aspects is a part of social work, broadly conceived. In its medical aspects it affords an illuminating parallel. Medical research is to the practicing physician what social research should be to the case worker. Individual experience should be both a source of information and a goal of effort. Facts gathered in daily practice may be the basis of laws which in turn are a guide in daily practice. The case worker is both an observer and a practitioner. The social reformer may be a research student studying the laws of social relationships or a propagandist,—a practitioner for communities instead of for individuals.

The health movement, like other social effort, has three main branches: research for the discovery of knowledge; education, including the training of individuals and the dissemination of knowledge; and reform, or the change in conditions producing disease. It is significant that neither the case worker nor the social reformer would wish to be denied a share in any of these three branches of effort. Each of them, too, has its starting point in individual experience, while the individual is the final test of achievement of the ends sought.

The effort to prevent tuberculosis is a good illustration. Medical research showed this to be a disease curable and preventable largely through education of individuals and through control of their environment. Thus its cure and prevention are essentially

tasks for the joint efforts of case workers and social reformers. Certainly organizations concerned with individuals and families have had an important share in the development of general educational work, and in the establishment of sanatoriums. On the other hand, social reform in relation to the prevention of tuberculosis, which we think of as including both public education and efforts to improve working and living conditions, has established a certain foundation for case workers.

In the prevention of tuberculosis, however, as in all other public health work, neither case workers nor social reformers have finished their tasks and it is the unfinished task which challenges them to more united effort. Tuberculosis is essentially a disease of poverty, fostered by under-nourishment, by congested quarters for living, by long hours of work, by dust in workshops, by lack of fresh air, good food, and exercise. The accumulated experience of all the case workers, if it were really to be made to appeal as it should to the public imagination, would be an irresistible force in changing for the better the present conditions of life and work. One reason why the task continues to be unfinished is that the individual experience is not made to count as it should in social reform.

The same lack is illustrated in industrial reform, and the many obstacles in the way of its accomplishment. It is a temporary or permanent inability to maintain a normal standard which constitutes the characteristic problem of the case worker. Thousands of case workers in many parts of the country are trying to see the way out in this problem as it recurs day after day. It is met in good case work by the establishment of new relationships for the individual, or the vitalizing of old ones, and by a general sharing of burdens, as well as by a new stimulus to the individual. The apportionment of burdens, however, is not always clearly appreciated. The time is not long past when charitable societies and relatives bore the whole economic burden of industrial accidents. Now in many states, in Workmen's Compensation Laws, it has been recognized that industry must meet the consequences of its own hazards. Health insurance is advocated for the same reason,—to bring about a more just apportionment of burdens.

The significant fact about health insurance in relation to this discussion of case work is that case workers have contributed so

little to the movement, either in the way of warning or reinforcement. Full realization of what sickness means as a cause of poverty should have led long ago to a far more effective organization of the community for preventing sickness and for dealing with its results. On the other hand, the case worker, with a knowledge of all the complicated factors which are involved with sickness as a cause of poverty, could check too great optimism as to the probable results of any one plan of reform. The case worker can contribute information to social reform, and to this end careful records and frequent and regular interpretation of their meaning are obviously necessary. But case workers can contribute something much more important and somewhat rare,—a constructive imagination. Just because they deal so constantly with real conditions, they may be in danger of growing accustomed to them and forgetting any possibility of change. Case workers cannot be content with accepting the established standards of the community, if they are to contribute their share of planning and acting to bring about desirable changes. But the social reformer in contrast must be watchful of a tendency to forget that a plan is not enough, and that it must bear some relation to established standards and the accustomed habits of mind in the community.

The war, with the violent changes which it produces in national life, demands the constructive imagination in social work. The goals of effort in the past seem to be swept away. Those whose work has been the precise carrying forward of a program are aghast at the apparent destruction of the things for which they have struggled. Change in purpose which becomes inevitable seems to be a compromise in principle. Rehabilitation of family life is now opposed by the nation itself, whose demands show a claim greater than family life. Social reform seems to be a mockery when all effort for individual welfare must now be subordinated to the national good. Yet a new conception of the national good and a new organization of forces for achieving it, may be the great opportunity for a new conception of individual welfare,—the immediate interest of the case worker, and community welfare,—the goal of the social reformer.